

1. ORGANIZATION			
Unique Application Number (UAN)			
Legal Name of Applicant			
Name of Agency Contact			
Agency Contact's Telephone Number			
		Amount Requested	%of Personnel and Fringe Requested
FY 2012		\$0.00	0%
FY 2013		\$0.00	0%

2. MISSION STATEMENT	
2.1 Provide the mission statement of your organization.	

3. DESCRIPTION OF THE ORGANIZATION	
3.1 Give a description of the history of your organization including the purpose for which it was created.	
3.2 Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff heirarchy, legal organization, etc.	

4. VICTIM SERVICES EXPERIENCE		YEARS
4.1 How many years has the organization been providing victim-related services or assistance?		

**5. VICTIM SERVICES WORK**

5.1 Provide a description of the work the organization is doing on behalf of victims of crime.

5.2 How does this work fit into the organization's overall goals and objectives?

**6. VOLUNTEERS**

6.1 Does the organization currently have a volunteer program, or plan to implement one this grant term?

6.2 How many volunteers were active within the last year?

6.3 Describe how the organization utilizes or plans to utilize volunteers to support the organization's mission, including any specific victim-related services.

6.4 Describe training for volunteers including both training required prior to providing services and ongoing training conducted throughout the volunteer's service.

6.5 Describe how the organization recruits and retains volunteers or plans to do so.

## 7. COLLABORATIONS

7.1 Describe the benefits realized by victims of crime as a result of your organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).

7.2 If your organization collaborates, provide a list of the organizations, including the organization type (law enforcement agency, advocacy center, hospital, task force, etc.) the applicant collaborates with to serve victims of crime for the purpose of supporting or assisting in victim recovery.

## 8. STATE AND FEDERAL FUNDS EXPERIENCE

**YEARS**

8.1 How many years of experience does the organization have in managing state or federal grant funds?

9. OUTPUT TARGET CALCULATION	STAFF POSITION/TITLE #1		STAFF POSITION/TITLE #2		STAFF POSITION/TITLE #3	
<b>9.1 STAFF POSITION/TITLE</b>						
<b>9.2 ADMINISTRATIVE POSITION</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>9.3 CONTRACT POSITION</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>9.4 OUTPUT TARGET</b>	<b>OUTPUT TARGET</b>		<b>OUTPUT TARGET</b>		<b>OUTPUT TARGET</b>	
<b>DIRECT VICTIM SERVICES</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Number of Unique Victims Served						
Assistance with Crime Victims' Compensation						
Assistance with Texas SAVNS/VINE						
Information and Referral						
Criminal Justice Accompaniment						
Law Enforcement Accompaniment						
Medical Accompaniment						
Crisis Intervention						
Individual Counseling						
Support Groups						
Therapeutic Groups						
Peer Support Services						
Assistance with Restitution						
Assistance with Victim Impact Panels						
Assistance with Victim Impact Statements						
Emergency Funds						
Follow-up with Victim						
Legal Assistance						
Lodging						
Other						
Transportation						
Victim Advocacy						
<b>VICTIM SERVICES TRAINING</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Total Number of all Training Sessions						
Law Enforcement Individuals Trained						
Prosecution/Judicial Individuals Trained						
School Faculty Individuals Trained						
Medical Individuals Trained						
Faith-Based Individuals Trained						
Volunteer Individuals Trained						
Other Individuals Trained						
Total Number of all Individuals Trained	0	0	0	0	0	0
<b>OUTREACH OR COMMUNITY EDUCATION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Outreach or Community Education Presentations						
Outreach or Community Education Participants						
Informational Fairs						
Total Attendees at Informational Fairs						
25% of Total Attendees (auto-calculates)	0	0	0	0	0	0
Total Outreach or Community Ed Presentations	0	0	0	0	0	0
<b>STRUCTURED EDUCATION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Structured Education Presentations						
Structured Education Participants						

9. OUTPUT TARGET CALCULATION	STAFF POSITION/TITLE #4		STAFF POSITION/TITLE #5		STAFF POSITION/TITLE #6	
<b>9.1 STAFF POSITION/TITLE</b>						
<b>9.2 ADMINISTRATIVE POSITION</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>9.3 CONTRACT POSITION</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>9.4 OUTPUT TARGET</b>	<b>OUTPUT TARGET</b>		<b>OUTPUT TARGET</b>		<b>OUTPUT TARGET</b>	
<b>DIRECT VICTIM SERVICES</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Number of Unique Victims Served						
Assistance with Crime Victims' Compensation						
Assistance with Texas SAVNS/VINE						
Information and Referral						
Criminal Justice Accompaniment						
Law Enforcement Accompaniment						
Medical Accompaniment						
Crisis Intervention						
Individual Counseling						
Support Groups						
Therapeutic Groups						
Peer Support Services						
Assistance with Restitution						
Assistance with Victim Impact Panels						
Assistance with Victim Impact Statements						
Emergency Funds						
Follow-up with Victim						
Legal Assistance						
Lodging						
Other						
Transportation						
Victim Advocacy						
<b>VICTIM SERVICES TRAINING</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Total Number of all Training Sessions						
Law Enforcement Individuals Trained						
Prosecution/Judicial Individuals Trained						
School Faculty Individuals Trained						
Medical Individuals Trained						
Faith-Based Individuals Trained						
Volunteer Individuals Trained						
Other Individuals Trained						
Total Number of all Individuals Trained	0	0	0	0	0	0
<b>OUTREACH OR COMMUNITY EDUCATION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Outreach or Community Education Presentations						
Outreach or Community Education Participants						
Informational Fairs						
Total Attendees at Informational Fairs						
25% of Total Attendees (auto-calculates)	0	0	0	0	0	0
Total Outreach or Community Ed Presentations	0	0	0	0	0	0
<b>STRUCTURED EDUCATION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2013</b>
Structured Education Presentations						
Structured Education Participants						

10. PERSONNEL & FRINGE											
FY 2012		HOURS PER WEEK				SALARY			FRINGE		
Title of Position	Sched- uled to work	Sched- uled on this grant.	Direct Services on this grant.	Admin. on this grant.	Other on this grant.	Annual Salary	Total Salary Requested on this grant.	% Salary Funded by this grant.	Annual Fringe Benefits for the Position	Fringe Funds Requested on this grant.	% Fringe Funded by this grant.
1.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
2.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
3.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
4.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
5.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
6.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
						\$ -	\$ -		\$ -	\$ -	
FY 2013		HOURS PER WEEK				SALARY			FRINGE		
1.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
2.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
3.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
4.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
5.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
6.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
						\$ -	\$ -		\$ -	\$ -	
10.1 FY 2012 POSITION NARRATIVE											
Provide a justification, which relates to the project's goal.											
1.											
2.											
3.											
4.											
5.											
6.											

**10.2 FY 2013 POSITION NARRATIVE**

Provide a justification, which relates to the project's goal.

1.		
2.		
3.		
4.		
5.		
6.		

**10.3 REQUEST FOR EXCEPTION TO OVAG REQUIREMENTS**

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

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**11. PROFESSIONAL & CONSULTANT SERVICES**

Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services	Description of Professional & Consultant Services	FY 2012			FY 2013		
		No. of Days of Consultation	Rate of Compensation	Cost	No. of Days of Consultation	Rate of Compensation	Cost
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -

**11.1 FY 2012 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE**

Provide a justification for Professional &amp; Consultant Services which relates to the project's goal.

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**11.2 FY 2013 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE**

Provide a justification for Professional &amp; Consultant Services which relates to the project's goal.

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12. TRAVEL								
			FY 2012			FY 2013		
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Sponsored Training		Airfare/Mileage	\$ -		\$ -	\$ -		\$ -
		Hotel	\$ -		\$ -	\$ -		\$ -
		Per diem	\$ -		\$ -	\$ -		\$ -
		Misc./Hotel Tax	\$ -		\$ -	\$ -		\$ -
		TOTAL			\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant
Local Travel (Mileage Only)		Mileage		\$ -	\$ -		\$ -	\$ -
					\$ -			\$ -

**12.1 FY 2012 TRAVEL NARRATIVE**  
Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

**12.2 FY 2013 TRAVEL NARRATIVE**  
Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

13. EQUIPMENT						
		FY 2012			FY 2013	
Item	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
			\$ -			\$ -

**13.1 FY 2012 EQUIPMENT NARRATIVE**  
Provide a justification for Equipment which relates to the project's goal.

**13.2 FY 2013 EQUIPMENT NARRATIVE**  
Provide a justification for Equipment which relates to the project's goal.



14. SUPPLIES						
Item	FY 2012			FY 2013		
	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
			\$ -			\$ -
<b>14.1 FY 2012 SUPPLIES NARRATIVE</b>						
Provide a justification for Supplies which relates to the project's goal.						
<b>14.2 FY 2013 SUPPLIES NARRATIVE</b>						
Provide a justification for Supplies which relates to the project's goal.						

15. OTHER DIRECT OPERATING EXPENSES (ODOE)						
Item	FY 2012			FY 2013		
	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Sponsored Training Registration	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
			\$ -			\$ -
<b>15.1 FY 2012 OTHER DIRECT OPERATING EXPENSES NARRATIVE</b>						
Provide a justification for Other Direct Operating Expenses which relates to the project's goal.						
<b>15.2 FY 2013 OTHER DIRECT OPERATING EXPENSES NARRATIVE</b>						
Provide a justification for Other Direct Operating Expenses which relates to the project's goal.						

**16. PROJECT SUMMARY**

16.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve victims by providing [types of ] services in [geographic locations]."

**17. TARGET POPULATION****SPECIFIC VICTIMIZATIONS**

Adults Molested as Children

Assault

Child Abuse

DUI/DWI

Family Violence

Hate/Bias Crimes

Human Trafficking

Physical Abuse and/or Neglect

Robbery

Sexual Assault

Survivors of Homicide Victims

Other Victims of Crime

**SPECIFIC POPULATIONS**

African-American

Asian

Elderly (65 and up)

Gay/Lesbian/Bisexual/Transgender

Hispanic

Persons with Disabilities

Rural

Spanish-speaking

Other

**18. PROBLEM STATEMENT**

18.1 Provide a brief description of the specific victim-related issue(s) this project is designed to address as it relates to the specific victimization types reported in 17. Target Population of Tab D - Project Summary.

**19. SUPPORTING DATA**

19.1 Justify the need for the victim-related issue(s) and/or specific victimization types this project is designed to address by citing research and/or data that is geographically relevant and specific to your service area.

**20. PROJECT GOAL**

20.1 Provide a project goal, which relates to your Problem Statement, that shows what the project plans to achieve over the next two years with these grant funds. The goal should be a "**SMART**" goal: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely.

**21. OUTPUT ASSESSMENT AND EVALUATION**

21.1 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outputs.

21.2 OUTPUTS SUMMARY	PROJECTED TARGET	
DIRECT VICTIM SERVICES	FY 2012	FY 2013
Number of Unique Victims Served	0	0
Assistance with Crime Victims' Compensation	0	0
Assistance with Texas VINE	0	0
Information and Referral	0	0
Criminal Justice Accompaniment	0	0
Law Enforcement Accompaniment	0	0
Medical Accompaniment	0	0
Crisis Intervention	0	0
Individual Counseling	0	0
Support Groups	0	0
Therapeutic Groups	0	0
Peer Support Services	0	0
Assistance with Restitution	0	0
Assistance with Victim Impact Panels	0	0
Assistance with Victim Impact Statements	0	0
Emergency Funds	0	0
Follow-up with Victim	0	0
Legal Assistance	0	0
Lodging	0	0
Other	0	0
Transportation	0	0
Victim Advocacy	0	0
VICTIM SERVICES TRAINING	FY 2012	FY 2013
Total Number of all Training Sessions	0	0
Law Enforcement Individuals Trained	0	0
Prosecution/Judicial Individuals Trained	0	0
School Faculty Individuals Trained	0	0
Medical Individuals Trained	0	0
Faith-Based Individuals Trained	0	0
Volunteer Individuals Trained	0	0
Other Individuals Trained	0	0
Total Number of all Individuals Trained	0	0
OUTREACH OR COMMUNITY EDUCATION	FY 2012	FY 2013
Outreach or Community Education Presentations	0	0
Outreach or Community Education Participants	0	0
Informational Fairs	0	0
Total Attendees at Informational Fairs	0	0
25% of Total Attendees (auto-calculates)	0	0
Total Outreach or Community Ed Presentations	0	0
STRUCTURED EDUCATION	FY 2012	FY 2013
Structured Education Presentations	0	0
Structured Education Participants	0	0
<b>21.3 PUBLIC AWARENESS CAMPAIGN (Statewide Applicants Only)</b>		
21.3 Describe the types of public service campaign products and activities (Internet, press releases, press conferences, tv and radio, etc.) provided in English and in other languages.		

<b>22. OUTCOMES</b>	
<b>22.1 OUTCOME ASSESSMENT AND EVALUATION</b>	
<b>DIRECT SERVICE OUTCOMES</b>	<b>Outcome Target %</b>
Increase in knowledge and understanding of crime victims' rights.	
Increase in knowledge of and access to community resources and services.	
<b>PROFESSIONAL TRAINING OUTCOME</b>	
Increase in knowledge and understanding of crime victims' rights.	
<b>COMMUNITY EDUCATION OUTCOME</b>	
Increase in knowledge of and access to community resources and services.	
<b>PUBLIC AWARENESS CAMPAIGNS</b>	
Increase the knowledge about the warning signs of specific crimes and victimizations.	
<b>CHILDREN'S ADVOCACY CENTERS (CAC)</b>	
Reduction in trauma, crisis, stress and/or anxiety of child victim and/or protective family members.	
Increase understanding/knowledge regarding criminal and civil justices system process in general and/or in regard to their specific case.	
22.2 Specify one of the outcomes chosen in 22.1 Outcome Assessment and Evaluation section of Tab D - Project Summary and describe the tools and/or processes written policies and procedures, pre- and post- tests, staff observation or surveys, which will be used to measure the project's outcome.	

<b>23. COMMUNITY RESOURCES</b>	<b>Yes/No</b>
23.1 Is collaboration with one or more outside organizations required to achieve specific project activities?	
23.2 Do these collaborations currently exist?	
23.3 Describe why these agreements are required.	

## 24. DETAILED IMPLEMENTATION PLAN

24.1 Describe this project's specific activities, which will be done over the next two years.

24.1 Continued:

24.1 Continued:

24.2 Describe how these activities will help to reach the project's goal.

**25. SUSTAINABILITY PLAN**

25.1 Briefly describe what would happen to the proposed grant project in the event that the OAG grant funds are no longer available.

**26. FINANCIAL****26.1 FINANCIAL SYSTEMS**

26.2 Describe the financial systems, internal controls, written policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.

**26.3 BUDGET NARRATIVE**

26.4 Provide a justification, which relate to the project's goal, for each requested budget category summarized in 27. Budget on Tab D - Project Summary.

27. BUDGET						
PERSONNEL		% of Positions	Hrs./Week	FY 2012 Requested	FY 2013 Requested	Total Project Cost
Description						
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
Total FTEs		0.00				
Personnel Total				\$	\$	\$
FRINGE						
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Fringe Total				\$	\$	\$
PROFESSIONAL & CONSULTANT						
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Professional & Consultant Total				\$	\$	\$
TRAVEL						
OAG Sponsored Training				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Local Travel (Mileage Only)				\$	\$	\$
Travel Total				\$	\$	\$
EQUIPMENT						
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Equipment Total				\$	\$	\$
SUPPLIES						
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Supplies Total				\$	\$	\$
OTHER DIRECT OPERATING EXPENSES						
OAG Sponsored Training Registration				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Other Direct Operating Expenses Total				\$	\$	\$
TOTAL BUDGET				\$	\$	\$